2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 30, 2007 08:00 AM
Secretary of State

DOCUMENT # M06000000216

1. Entity Name
FORSYTHE APPRAISALS, LLC

Principal Place of Business	Mailing Address
222 E. LITTLE CANADA RD. ST. PAULE, MN 55117	222 E. LITTLE CANADA RD. ST. PAULE, MN 55117

DO NOT WRITE IN THIS SPACE

03302007 No Chg-LLC CR2E083 (11/05)

4. FEI Number
03-0514508

☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 32301-2525

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8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is $50.00
Due by May 1, 2007

9. MANAGING MEMBERS/MANAGERS

TITLE	MGR
NAME	FORSYTHE, TIMOTHY
STREET ADDRESS	PO BOX 1254
CITY-ST-ZIP	DILLON, CO 80435
TITLE	MGR
NAME	FORSYTHE, MARY
STREET ADDRESS	PO BOX 1254
CITY-ST-ZIP	DILLON, CO 80435
TITLE	MGR
NAME	FORSYTHE, JOHN
STREET ADDRESS	15 BLACK OAK RD
CITY-ST-ZIP	NORTH OAKS, MN 55127
TITLE	MGR
NAME	HILLCREST CAPITAL
STREET ADDRESS	527 MARGOETTE AVE #2158
CITY-ST-ZIP	MPLS, MN 55401
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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05/16/07-80031-022 50.00

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11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #